

## Overview

- Brief intervention and motivational enhancement
- Effective use of teams
- Treatment settings and techniques
- Treatment outcomes
- Management of comorbid conditions
- Importance of aftercare

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## Treatment Options

- Brief Advice
- Motivational brief interventions
- Individual counseling
- Specialty referral
- Pharmacotherapy
- Self help
- Family involvement
- Other resources

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## Stages of Change

- Pre-contemplation
- Contemplation
- Determination
- Action
- Maintenance

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## Brief Interventions

- Definition
  - Time-limited (5 – 20 minutes in up to 5 brief sessions) and targets a specific health behavior
- Goals
  - Education
  - Facilitate treatment entry
  - Promote behavior change
  - Patients take responsibility

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## Interventions

- “Medicalizing” the problem
- Connecting the problem to the patient’s main concerns (sleep, incontinence, pain, memory, etc.)
- Including significant other
- Writing out specific steps for patient to take

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## Aspects of Effective Brief Interventions

- Feedback
- Responsibility
- Advice
- Menu
- Empathy
- Support Self-efficacy

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## Who Can Conduct Brief Interventions?

- Physicians
- Nurses/Nurse Practitioners
- Physician Assistants
- Social Workers
- Psychologists
- SA Counselors
- Health Educators
- Home Health Workers
- Other Allied Health Providers

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## Settings for Brief Interventions

- Primary Care
- Emergency Department
- Hospitals
- Mental Health Clinics
- Community
- Workplace
- Home Health Care
- Substance Abuse Treatment Program

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## Convincing Patients to Change

- Goals of BI
- Avoid being judgmental
- Avoid being confrontational
- Discuss pros and cons of change
- Brief Intervention Workbook Steps

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### Brief Intervention Steps

- Identifying future goals
- Customized feedback
- Introduce the concept of standard drinks
- Discuss the types of drinkers

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### Brief Intervention Steps

- Reasons for drinking, weighing the pros & cons of drinking, & reasons to cut down or quit drinking
- Considering changing, quitting or cutting down on drinking

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### Brief Intervention Steps

- Sensible drinking limits & strategies for cutting down or quitting
- Drinking agreement
- Coping with risky situations
- Summary of the session

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## Resources

- TIPs #26 & #34
  - [www.samhsa.gov](http://www.samhsa.gov)
- CPRS module
- Training
  - SAMHSA
  - American Society on Aging
- *Prevention of Alcohol Problems in Older Adults*
  - Barry et al. Springer Publishing

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## Mobilizing Additional Resources

- Internal team (nurse, social worker)
- External team (SA assessment, SA treatment center)
- Use a case manager
- Facilitate referrals

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## Mobilizing Additional Resources

- Determine and address special concerns
- Use a crisis to increase motivation
- Assess for suicidality

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### Barriers to Seeking SA Treatment for Older Adults

- Resistance to asking for help
- Disdain of labels (alcoholic, old)
- Lack of transportation
- No significant others to motivate patients
- Providers less likely to refer older adults
- Gaps in SA, aging, & mental health services

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### Unique Concerns for Older Adults

- Shame and guilt
- Grief and loss
- Time management
- Treatment format, pace, environment, content
- Cognitive impairment
- Psychiatric illness
- Family needs/motivation

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### Effective Treatment Options

- AA/ Al-Anon
- IOP
- Inpatient
- Individual counseling
- Group counseling
- Family treatment
- Pharmacotherapy

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## Pharmacotherapy – Alcohol

- Disulfiram
- Naltrexone
- Acamprosate
- Other treatments
  - Ondansetron
  - SSRI's
  - Topiramate

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## Pharmacotherapy – Other Drugs

- Opioids
  - Buprenorphine
  - Methadone
- Cocaine
  - ?
- Nicotine
  - Nicotine replacement
  - Bupropion

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## Detoxification of Older Adults

- Inpatient v. outpatient
- Medications
- Specialty care
- Longer detox

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## Treatment Outcomes

- Definition
  - Drinking
  - Function
- Brief Interventions
- Specialty Care

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## Most Common Psychiatric Comorbidities

- Rule rather than exception
- Depression (20-30%)
- Cognitive loss (10-40%)
- Anxiety disorders (10-20%)

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## Comorbid SA with Depression or Cognitive Impairment

- Diagnosis with primary/secondary depression
- Alcohol related dementia v. alcohol complicating other dementia
- Assessment of suicide
- Need for ABSTINENCE

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## Active Care Management

- Telehealth, Care Coordination
- Tangible services
- Medication compliance
- Family support
- Informal recovery programs
- OT/PT needs
- Anticipating developmental issues



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## VANTS Call

April 26, 2005  
2:00 pm Eastern  
1-800-767-1750  
Code: 40411



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